

UNITED STATES OF AMERICA
STANDARD CERTIFICATE OF DEATH

State File No. **30794**

Registration District No. **82**

Primary Registration District No. **5312**

Registrar's No. **14**

1. PLACE OF DEATH:

(a) County **Cooper**
(b) City or town **Lone Elm Township Clark Fork**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
At home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **All of life** (Specify whether)
In this community **All of life**
years, months or days

3. (a) PRINT FULL NAME **Mrs. Minnie Schleuter**

3. (b) If veteran, name war **---** 3. (c) Social Security No. **---**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Wm. Schleuter**
6. (c) Age of husband or wife if alive **84** years
7. Birth date of deceased **October 15 1867**
(Month) (Day) (Year)

8. AGE: Years **79** Months **10** Days **26** If less than one day
hr. min.

9. Birthplace **Cooper County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife.**

11. Industry or business **At home.**

12. Name **Henry Langkop** 4
13. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

14. Maiden name **Philipena Kopp**

15. Birthplace **Germany** 4
(City, town, or county) (State or foreign country)

16. (a) Informant **Wm. Schleuter**

(b) Address **Bunceton, Mo. R.F.D.**

17. (a) **Burial** (b) Date thereof **Sept. 13 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lone Elm, Mo.**

18. (a) Signature of funeral director **Goodman & Boller**

(b) Address **Boonville, Mo.**

19. (a) **9-13-47** (b) **W. L. Murch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cooper** 27
(c) City or town **Lone Elm**
(If outside city or town limits, write "RURAL")
(d) Street No. **Rural** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **---**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **10**
year **1947** hour **10** minute **30** p. M.

21. I hereby certify that I attended the deceased from **Jan. 1946**
1946 to **Sept. 10, 1947**
that I last saw her alive on **Sept. 10, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Embolism** 54 hrs.

Due to.....

Due to.....

Other conditions **Cardiac De compensation** 10 mo.
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy..... **83B**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....

(b) Date of occurrence.....

(c) Where did injury occur?..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury **21**

23. Signature **W. L. Murch** (M. D. or other) **P.O.**

Address **Boonville, Mo.** Date signed **9/13/47**

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

William H. Wood....., Registered Apprentice No. 480.....
working under my personal supervision.

Signed.....

J. H. Goodman

Licensed Embalmer No. 1178.....

P. O. Address.....

Boonville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.